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AUTHOR Stern, Linda S.; And Others
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ABSTRACT

A prospective study in the area of developmental psychopathology and depression was conducted to determine whether an additive pathological effect upon offspring existed when psychosocial disadvantage and maternal depression were combined. Differences in psychiatric epidemiology and psychological outcome were investigated in 27 children of latency age (6.7 years). Children (12 boys and 15 girls) of normal white middle class mothers were compared with children of depressed mothers from white middle class and black lower class populations. Subjects were recruited from the Washington, D.C., area and evaluated at the Laboratory of Developmental Psychology. Mothers were divided into three comparison groups differentiated on the basis of race, socioeconomic status, and diagnostic status. Results indicated that the prevalence of child psychiatric disorder among the black lower class population was more than double that of the other two groups. Childhood depressive diagnoses were specific to the black lower class group, and aggression was found to be the most significant predictor of a child's having a depressed mother. Findings are discussed in terms of a developmental typology of childhood depression and nosological distinctions within the depressive diagnosis. (Author/BJD)

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Children of Depressed Mothers: Epidemiological and Social Class Differences

Linda S. Stern, Ph.D.
Neuropsychiatric Institute, UCLA Center for the Health Sciences
760 Westwood Plaza
Los Angeles, California 90024

Donald McKnew, M.D.
Carolyn Zahn-Waxler, Ph.D.
Laboratory of Developmental Psychology
National Institute of Mental Health
9000 Rockville Pike
Bethesda, Maryland 20205

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ABSTRACT

This was a prospective study in the area of developmental psychopathology and depression. Its purpose was to determine if there was an additive pathological effect of psychosocial disadvantage and maternal depression upon offspring. Differences in psychiatric epidemiology and psychological outcome were investigated in 27 latency age children. Children of white middle class normal mothers were compared with children of depressed mothers from a white middle class and a black lower class community recruited population. Results indicated that the prevalence rate of child psychiatric disorder among the black lower class population was more than double that of the other 2 groups. Childhood depressive diagnoses were specific to the black lower class group. Aggression was found to be the most significant predictor of membership in a depressed maternal group. The findings are discussed in terms of a developmental typology of childhood depression and nosological distinctions within the depressive diagnosis.

This is a prospective study in the area of developmental psychopathology and depression. Its purpose was to investigate differences in psychiatric epidemiology and relevant psychological variables among the latency age offspring of normal mothers compared with non-patient depressed mothers from two different social class populations.

The study questions were derived from two major theoretical models of the etiology of psychopathology: the psychoanalytic model and the social stressor model. The psychoanalytic object relations theory model is based upon the work of theorists such as D. W. Winnicott, E. J. Anthony, M. Mahler and A. Freud. It hypothesizes that the emotional inconstancy inherent to depression in a mother predisposes her child to intrapsychic object loss, thereby increasing the child's vulnerability to some form of childhood psychopathology (Anthony, 1973; Mahler, Pine and Bergman, 1975). The following questions were generated from this model: 1. Is there a difference in the prevalence of psychiatric disorders between children of depressed and children of normal mothers? 2. Is there concordance between maternal and child diagnoses; i.e., are the children of depressed mothers most likely to be diagnosed as depressed? 3. Apart from nosological status, what psychological variables predict to status as the offspring of a depressed mother?

The social stressor model of the etiology of depression posits that psychosocial disadvantage is associated with

higher prevalence rates of psychiatric disorder in a community population (King, 1978). The literature suggests that the interaction between race and income but not race alone accounts for a higher prevalence of mental illness among the non-Caucasian population (Lefkowitz, Tesiny and Gordon, 1980; King, 1978). George Brown (1978) identified the following additional "vulnerability factors" predisposing a woman to depression: loss of a mother in childhood, having 3 or more children under the age of 14 in the home and lack of an intimate male relationship. In this study, we compared children of white married middle class depressed mothers to children of black lower class depressed mothers; all the latter had 3 or more children in the home and except for 1 woman, lacked a stable male relationship. Our purpose was to determine if there was an additive effect of psychosocial disadvantage and maternal depression upon the offspring.

METHOD

The subjects for this study were 27 mothers and their five to nine year old male and female children (mean age = 6 years, 7 months; 12 boys, 15 girls). The subjects were recruited from the greater Washington, D.C. area and evaluated at the Laboratory of Developmental Psychology, NIMH. The mothers were divided into 3 comparison groups differentiated on the basis of race, socio-economic and diagnostic status: a white middle class normal group (n=9), a white middle class

depressed group (n=10) and a black lower class depressed group (n=8). Determinations of socio-economic status were made using the Hollingshead Four-Factor Index of Social Status (Hollingshead, 1975). In spite of extensive efforts, recruitment failed to yield a desired fourth group -- black lower class normal mothers.

Data were collected using 3 standardized instruments. A social worker using a structured psychiatric interview, the lifetime version of the SADS (Spitzer and Endicott, 1977) arrived at maternal diagnoses. Those women meeting Research Diagnostic Criteria for major and/or minor depressive disorder constituted the depressive group. The distribution of RDC diagnoses for the lower and middle class depressed mothers is presented in Table 1. Each child was interviewed by a child psychiatrist (DM) or a child psychologist (LS) using a structured psychiatric interview guide for children, the Child Assessment Schedule, CAS (Hodges, Kline, Stern, Cytryn and McKnew, 1981). The child interviewers were blind to maternal diagnoses. All child diagnoses met criteria set forth in the DSMIII of the American Psychiatric Association (1980). Factors measuring the child variables of self-esteem and projection were extracted from the CAS items on the basis of consensus among four child clinicians. The Achenbach Child Behavior Checklist was administered to the mothers (Achenbach, 1978); the aggression and depressive symptomatology

TABLE 1

RDC Maternal Diagnoses

Diagnoses	LCD[a] n	MCD[b] n
Major Unipolar		
Past	2	2
Current	5	4
Intermittent	1	1
Minor Unipolar		
Past		2
Current		1

[a] Lower class depressed

[b] Middle class depressed

factors of the Achenbach Profile were used as measures of these child variables.

Table 2 presents the frequency distribution of child psychiatric diagnoses as a function of maternal socio-diagnostic group status. As can be seen from the total percentages of children diagnosed within each of the three groups, there was only slight difference in the prevalence of child diagnoses between the two middle class white groups -- 3 from the normals (33%) and 4 from the depressed (40%). The rate of diagnosis of offspring of black lower class depressed mothers, however, was more than twice that of children from either of the other two groups (87%). In terms of concordance between maternal and child diagnoses, children of the normal mothers received only anxiety diagnoses; 20% of the middle class depressed offspring and 63% of the lower class depressed offspring received depressive diagnoses.

Stepwise multiple regression analyses were run to ascertain which of the 4 child variables -- self-esteem, projection, aggression and depression -- best predicted to the child's maternal group status. The most significant predictor of membership in a depressed maternal group -- of being the child of a depressed rather than normal mother -- was found to be aggression. In the case of the children of the white middle class depressed mothers, 73% of the variance in aggression was accounted for by the child's depressive symptomatology as reported by the mother. In the black

Table 2

Distribution of Child Diagnoses as a Function of Maternal Diagnostic Group Status

	Maternal Diagnostic Groups		
Child Diagnoses	MCN[a] (n=9)	MCD[b] (n=10)	LCD[c] (n=8)
Normal	6	6	1
Separation Anxiety Disorder	1		
Overanxious Disorder	2	1	1
Dysthymic Disorder		1	3
Major Depressive Disorder		1	2
Conduct Disorder		1	
Pervasive Developmental Disorder			1
Total % Diagnosed	33%	40%	87%
% Depressive Diagnoses	0%	20%	63%

[a] Middle class normal
[b] Middle class depressed
[c] Lower class depressed

lower class depressed group, 67% of the variance in aggression was accounted for by projection with depression accounting for an additional 22%. Self-esteem, which was the only significant predictor of membership in the normal maternal group, was not significantly intercorrelated with the other 3 variables in the multiple regression equations of both depressive groups.

DISCUSSION

The epidemiological findings of this study lend support to the notion of an additive pathological effect of psychosocial disadvantage and maternal depression upon the psychological outcome of the offspring. There were twice as many diagnoses among the black lower class children of depressed mothers than among the other 2 groups. This finding is consistent with the work of Quinton & Rutter (1976), who found that psychiatric disorder was twice as common in children with chronic "psychosocial disadvantage or family adversity". The specificity of child depressive diagnoses to the black lower class children suggests that psychosocial stressors may increase the likelihood of maternal depression being transmitted to the children. This study did not demonstrate an appreciable relative risk for the children of the white middle class depressed mothers compared to those of the middle class normal control mothers. The use of a larger research population might yield significant differences

between these groups in terms of degree of risk. The 40% prevalence rate of psychiatric disorder among the offspring of the middle class depressed mothers is consistent with the findings reported in the risk literature to date (Beardslee, Bemporad, Keller & Klerman, 1983). We postulate that the three childhood anxiety disorder diagnoses among the children of the normal mothers raise questions pertaining to the "normalcy" of these women and the validity of the SADS-L as a diagnostic instrument. The SADS-L is unable to adequately control for self-report mediated by the consistent use of denial.

The unexpected finding that negative self-esteem was not a significant variable among children of the depressives is in accord with the work of developmental psychologists who postulate that the cognitive capacity for negative self-evaluation does not evolve until age 7 (Glasberg & Aboud, 1981). Coopersmith (1959) maintains that judgments regarding self-esteem do not gain stability until the 10 to 13 year age range. We performed an item by item inter-correlational analysis of our data (self-esteem, depression and aggression items) to discern qualitative differences and/or patterns between groups. The results of this analysis suggested that self-esteem items denoting self-image and not requiring comparative evaluations reflected qualitative differences between the self-images of the children of the 2 depressive groups. Seen from a developmental perspective, these differences

appear to indicate different levels of object relations attained by the children. Among the children of the lower class depressed mothers, self-image items significantly correlated with depression items reflecting dependency, an ambivalent attachment to the object and a sense of despair -- the prototypical fear of the loss of the object itself. In the case of the children of the middle class depressed mothers, the data suggested that a higher level of object relations had been attained. Significantly intercorrelated items reflected guilt and self-criticism -- the child's concern with maintaining the love and approval of the object. This conceptualization of different developmental levels of self-object representations in childhood depression has its counterpart in the work of Sidney Blatt, et al. (1979) with adult depressives. It has bearing upon a further understanding of developmental typologies within childhood depression and is descriptively similar to that proposed by McConville and associates (1973). The differential relationship among aggression, projection and depressive symptomatology found in the offspring of the two depressive groups elucidates the phenomenological bases of such a typology and contributes to the growing research literature on the co-existence of depressive anxiety and conduct disorder symptomatology in children (Puig-Antich, 1982; Carlson & Cantwell, 1980; Hershberg, Carlson, Cantwell and Strober, 1982; Rutter, 1982).

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